

Fightback

Struggle, Solidarity, Socialism



PANDEMIC ISSUE

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The year 2020 has become synonymous with the global pandemic. As we go to print, there have been 55.6 million cases of Covid-19 worldwide, with 1.34 million deaths, the global economy has been plunged into a severe contraction.¹ Every aspect of our lives has been impacted in one way or another. While a vaccine is on the horizon, it's unlikely 2021 will mark a return to the pre-pandemic status quo.

In this issue, *Fightback* looks at the growth of conspiracy theory movements during this time and examines how we can prevent the spread of these conspiracies into social movements as well as how the conspiracy theory

orientated parties fared in New Zealand's recent election.

The pandemic and the associated loss of jobs has meant that significant numbers of New Zealand citizens previously working overseas have returned home. Ani White looks at the backlash these returning New Zealanders have faced.

We have republished a number of articles from the Health Sector Workers Network of Aotearoa (HSWN) looking at the impact of the pandemic on healthcare and other essential workers. This issue also features a review of the documentary *This Is Paris*.

¹ COVID-19 to Plunge Global Economy into Worst Recession since World War II, World Bank: <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>

Intellectual vaccination: can the social movements defend ourselves from brain-plagues?

By DAPHNE LAWLESS and BYRON CLARK

In 2018, *Fightback* published an article on the increasing penetration by the global activist Left by fascist-like ideas and ways of thinking – including apologetics for repressive nationalism, transphobia and racism, and sheer denial of genocides and other war crimes.² We used the metaphor of a “zombie plague”, where such noxious, deadly ideas became not only accepted but promoted within Left-wing circles. These ideas are presented as “anti-Western” or “anti-neoliberal”, even though they are not only hateful or victim-blaming, but in many cases sheer conspiracy theory as wild as anything which comes out of the “QAnon” cult. Believing these ideas often meant not only contradicting the very basis of socialist or communist politics (universal solidarity with the oppressed and exploited), but abandoning one’s critical faculties altogether, in favour of believing convenient-sounding or exciting lies.

One example from the recent US presidential election will show that this is still a problem. After Joe Biden appeared to have clinched the necessary electoral victory, Left-wing Twitter was alive with retweets of unsourced claims that Republican figures such as Mitt Romney or even Iraq War criminal Dick Cheney were going to be in the Biden cabinet. This is the kind of thing which appeals to the left-wing imagination, as proof that the US Democrats are depraved warmongers, not much different from the fash-curious Republican Party. The fact that it was utterly unfounded didn’t matter. What mattered is how much it confirmed what people wanted to believe anyway – what comedian Steven Colbert calls “truthiness”.

More than two years later, the metaphor of a “plague” has come to life. The global spread of the COVID-19 pandemic has been promoted,

exacerbated and made more deadly by the simultaneous spread of conspiracy theories and disinformation. People have literally died due to the spread of ideas that the pandemic is not real, not serious, or that the basic health measures which have kept countries like Vietnam or Aotearoa/New Zealand relatively safe are ineffective, or a tool of the Global Conspiracy of “woke elites” (usually Jewish) which is the hobgoblin of the modern reactionary mind.

The struggle against COVID-19 disinformation is in fact the same as the struggle against the new wave of conspiracy theory-based reactionary and fascist movements – these ideas inhabit the same “conspiracy theory universe” and make the same assumptions about the world and how it works. Anti-democratic or even pro-fascist ideas, disguised as “anti-establishment” or “anti-status quo”, have expanded and spread within the social justice movements. The activist Left must come to terms with how, over the last 10 or 15 years, we have allowed ourselves to become a dumpster for disinformation spread by authoritarian states who happen to oppose the US, or in some cases by actual fascists. It’s not just the QAnon followers or the fans of Billy Te Kahika Jr who happily spread memes which have nothing to do with reality because they confirm what we wanted to believe anyway.

Laundering fascist ideas through Leftist mouths

We have to understand how successful these (numerically tiny) forces have been at “laundering” reactionary ideas in mainstream

² <https://fightback.org.nz/2018/05/09/the-red-brown-zombie-plague-part-one/>

or Left-wing circles. This is a concept which is also dear to the heart of Steve Bannon, the fascist operative who was very close to the Donald Trump campaign in 2016. In the 2020 campaign, Bannon resurfaced with a wild tale about certain incriminating emails and photographs (the story never seemed to get straight about *how* they were incriminating) supposedly found on a laptop belonging to Joe Biden's son Hunter. Greg Sargent wrote in the *Washington Post*:

Bannon's basic insight has long been that for such smears and disinformation to work, they must somehow get vaulted out of the conservative media bubble and into mainstream news coverage. ...Back when Bannon was first trying to get the general bundle of right wing Biden-Ukraine smears taken seriously, journalist Joshua Green explained how all this works. He reported that Bannon was frustrated that these stories were "stuck in the conservative ecosystem." ...The Bannon playbook dictates that such efforts must "enter the public consciousness" as something other than "conservative attacks," Green explained. It was only through getting "coverage in the mainstream press" that they might get 'weaponized' or 'legitimized.'³

In other words: disinformation will be just plain rejected if its real source is apparent, but it becomes "weaponized" when a trusted source (for most people, the mainstream media) gives it credibility. Of course, Left-wing activist circles don't trust the mainstream media. Therefore, to get these ideas circulating in Left circles, they must come from a *source which the Left takes seriously*. If you can convince a leader or prominent writer in the movements of a toxic idea – or create your own sources for disinformation which "blend in" with the existing ecosystem of Left media – such a source may act as a "super-spreader", massively increasing the reach of such ideas.

The Red-Brown Zombie Plague gave many examples of how fascists and agents of the Russian state successfully established themselves in the Western anti-war and anti-imperialist movement (through emphasising the "Left-sounding" aspects of their beliefs). Not only did these sources become "super-spreaders" themselves, but they successfully laundered their ideas through many genuine but incautious Leftists. One prominent example of this is journalist Glenn Greenwald, whose effective criticisms of the US security state in the past have gained him an audience for his more recent apologies for Trump (and Vladimir Putin), on the grounds that anyone who's being opposed by the FBI and the CIA can't be all bad. Hawaii Congresswoman Tulsi Gabbard also got a supportive response on social media for her Left-sounding attacks on neoliberal Democrats – never mind that she is infamous for her Islamophobia, her support for the Hindu-nationalist Modi regime in India, and her apologies for the bloodthirsty tyranny of Bashar al-Assad in Syria.

Similarly, in many countries including Aotearoa, anti-trans activists, often funded by American fundamentalist churches, have succeeded in laundering "TERF" ideas into mainstream or even radical circles by adopting a protective camouflage of "feminism" or "standing up for women and girls". In the same way, one of the most disturbing aspects of the rise of Billy Te Kahika Jr and his "NZ Public Party" is how he successfully "weaponizes" conspiracy ideas, which often have close ties to white supremacist movements, to a disproportionately Māori and Pasifika audience.

Most of the conspiracies promoted by Te Kahika have their origins in the John Birch Society, a fringe conservative group founded in the United States by Robert Welch in 1958. Welch was known for labelling political opponents as soft on communism, he described then-President Dwight D. Eisenhower as "a dedicated, conscious agent of the Communist conspiracy. According to Welch, "both the U.S. and Soviet governments

³ <https://www.washingtonpost.com/opinions/2020/10/15/trumps-fake-new-biden-scandal-has-deeper-purpose-bannon-revealed-it/>

are controlled by the same furtive conspiratorial cabal of internationalists, greedy bankers, and corrupt politicians. If left unexposed, the traitors inside the U.S. government would betray the country's sovereignty to the United Nations for a collectivist New World Order, managed by a 'one-world socialist government.'⁴

Te Kahika has parroted these lines to a new audience via his Facebook live streams. The John Birch Society was one of the earliest progenitors of health-related conspiracy theories. In the 1950s, many "Birchers" became involved in protesting the use of fluoride in public water supplies, arguing fluoridation was a secret Communist conspiracy that would inflict a host of ills on an unsuspecting public (this was the inspiration for the character of Jack D. Ripper in the 1964 film *Dr Strangelove*). The opposition to UN Agenda 21, a favourite target of Te Kahika, also originates with the John Birch Society.⁵

Shortly before the election, *Stuff Circuit* produced a forty-five minute documentary on Te Kahika. It focused largely on his character and didn't mention the origins of many of the conspiracy theories he pushes, though it did touch on the anti-Semitic nature of some of them. Media for the most part avoided giving coverage to Te Kahika's conspiracy theories, lest it give them some legitimacy. (See also 'Conspiracy theorists big losers in NZ election' in this issue).

In a similar vein, the lesson to take from the last weeks of the US presidential campaign is that the reason why "Hunter's laptop" didn't take off as a serious threat to the Biden campaign, while Hillary Clinton's private email server more or less sunk her campaign in 2016, was that *this time the mainstream media didn't promote the story*, apart from the notorious *New York Post* tabloid. Twitter and Facebook actively blocked its spread –

according to speculation, because they were asked to by law enforcement. This provoked outraged cries of "censorship" not only from Trumpist politicians, but from writers who are known themselves to be "super-spreaders" of the Russian state's disinformation within Left-wing circles – in particular, Glenn Greenwald.

Quarantining the brain-plague

It seems that *Fightback* has not been alone in using the metaphor of fascistic ideas as a pandemic. New Zealand-based coder and tech and society expert Serena Chen has used this very metaphor in two essays in a recent book, *Shouting Zeros and Ones: Digital Technology, Ethics and Policy in New Zealand*.⁶

Chen told *Newsroom* editor Marc Daalder:

We can look at what makes people 'susceptible' and 'immune' for ideas on how to guard against extremism. We can recognise that these ideas do not live in a vacuum, and consider the spread of the idea in regards to the people and the environments in which it lives. We can recognise that this model is dynamic and constantly evolving.⁷

Chen's essays draw an essential analogy between fascists and internet trolling, which explains why such ideas spread so easily via social media:

Perhaps one of the most recognisable characteristics of a fascist movement is its lack of ideological cohesion... This self-contradictory ideology contributes to a manufactured nihilism, a crisis of epistemology. It creates lasting confusion around what is true, so that a) the populace become more susceptible to lies, and b) they must rely instead on a strong, authoritarian figure to tell them what is 'true'.

⁴ Neiwert, David, *Red Pill, Blue Pill* pg. 115

⁵ <https://www.splcenter.org/20140331/agenda-21-un-sustainability-and-right-wing-conspiracy-theory>

⁶ <https://www.bwb.co.nz/books/shouting-zeros-and-ones>

⁷ <https://www.newsroom.co.nz/can-we-fight-online-fascism-like-we-fought-covid-19>

The defining expressions of fascist movements are thus more aesthetic than ideological; no one knows what is true, how can anyone make political decisions, or vote? Symbols are another great way to fly under the radar of the mainstream, while giving a wink and a nod to those in the know... Irony in particular can be a safe way to explore radical or extremist ideas before committing to them in the public eye.

Over time, a community that is accepting of edgy jokes is going to start accruing people who think these things earnestly. And by Poe's Law, no one can truly distinguish who is being earnest and who is having a laugh. ...Exposure to milder forms of an ideology without any counterpositions can prime people to accept more extreme forms.... Over-repetition and bots can force fringe ideas into the mainstream and normalise once unthinkable ideologies.

Techniques such as spamming and bot usage necessarily degrade authenticity, trust and the ability to form genuine connections over the internet. The degradation of trust also makes us more susceptible to cynicism – which fascist movements prey upon. It does not make for a future we want to live in.

The performative and participatory nature of online social platforms incentivises individuals to cultivate followings, give 'hot takes' and accrue views and engagement metrics – not too different from the pressures felt by news outlets.

Trolls don't necessarily believe in their own arguments; the goal is not to convince but to ensnare, enrage and entrap people with prepared gotchas. Trolling is something traditional media bodies and politicians have been ill-equipped to deal with. When reporting on bad-faith movements, we must recognise the ridiculousness of the message, while recognising the seriousness of its impact.

All this is to say that fascism, like trolling, actively *degrades* community trust and safety, the ability to discuss and debate ideas, and even the very idea of truth itself. It is for this reason that conspiracy theory, denialism, and all other ideas which rely on "unknowability"

and encourage people to simply choose whatever reality appeals to them, are poison to the very possibility of democracy, and therefore of any socialist future.

Intellectual hygiene for leftists

We here offer a few suggestions for things that socialists and others active in the social movements can do to stop "intellectual pandemics" spreading in our own movements.

Interrogate sources. When passing on "hot memes" or "killer dunks" on social media, we have to be careful to look below the surface content and see exactly *who* is promoting it. As *Fightback* has repeatedly commented, fascism is capable of producing perfectly "Left-sounding" takes, thus building up "social capital" in Left-wing circles and helping it weaponize its more evil ideas later. Careless Leftists have ended up boosting conspiracy theorists or even fascists because they talked a good "anti-neoliberal" game.

Fight both anti-intellectualism and elitism.

We might use the term "intellectual anti-vaxxery" to describe the idea that education and science are not necessary in working class and radical movements, or even that they are elitist. It goes along with the idea that the "instincts" (in class society, that usually means the prejudices) of working people are superior to any bourgeois education or expertise.

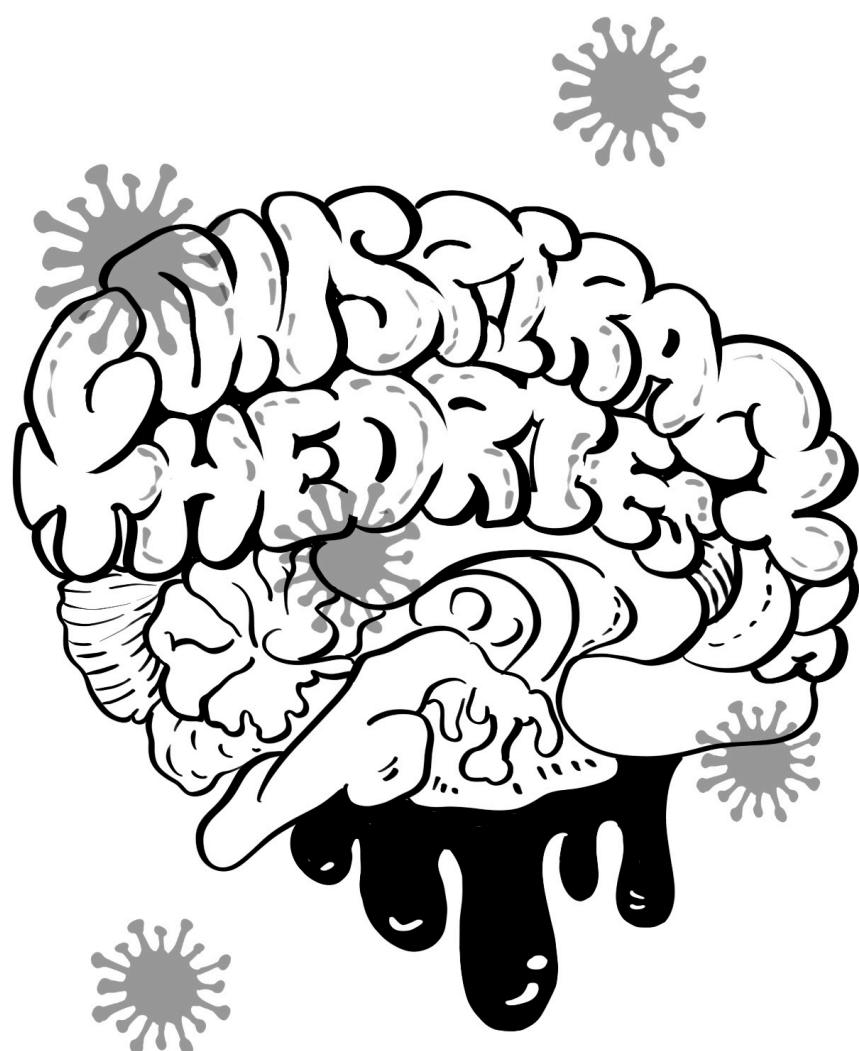
In contrast, more than a hundred years ago, German revolutionary Rosa Luxemburg promoted the concept of bringing "workers and science together" – working people being the force which can change the world, and science being the understanding they need to change it. We have to reassert the radical Left's belief, shared with the Christian tradition, that *the truth will set us free*. On the other hand, memes and myths which are popular but baseless might be popular and "fun", but are in fact intellectual poison which softens our communities up for fascism. To this extent – while "upping our meme game" is no doubt useful – we should honour, promote, and prize those doing long-form research, analysis, commentary and arguments. (Including, we hope, the *Fightback* media project itself!)

Build stronger communities. In one sense this includes the traditional concept of the “safe space”, that we should provide a community where marginalised voices are protected and upheld, and oppressive behaviour is not tolerated. But activist Left circles should also be safe spaces for *rationality and evidence-based discussion*, where baseless but “aesthetically pleasing” memes don’t get circulated. Serena Chen comments:

We must uplift and create more public figures who practice the kinds of speech that make it more likely for people to express compassion, empathy and kindness towards each other. Anger is a powerful emotion, but so can be pride in ourselves for doing the right thing, a camaraderie with people from different backgrounds coming together.

We must change the culture of our communities to one where we are free to talk about ideas without posturing or ego....When you see problematic behaviour crop up in your friend group, family, communities – you are the first line of defence....As for small-to-medium-sized communities and websites, they should be emboldened to actively moderate their communities, without fear of the ‘free speech’ concern troll.

To a large extent, the activist Left is the “canary in the coalmine” for new intellectual plagues. Because of our higher level of politicisation and our connections with the most oppressed in society, we often become aware of dangerous ideas long before wider society takes them seriously. It is therefore extremely serious when we find ourselves starting to promote those ideas ourselves. We must do better.



Conspiracy theorists big losers in NZ election

BY BYRON CLARK

One of New Zealand's newest political parties has had a disappointing result in the election and its survival as an organisation is now looking uncertain. Blues musician Billy Te Kahika Junior founded the New Zealand Public Party after the viral success of his Facebook live videos, where he made claims about 5G mobile technology being a bio-engineered virus and the United Nations being inspired by Satanic teachings.⁸

Being too late to register with the electoral commission to be on the ballot this year, the party formed an alliance with Advance New Zealand, the political vehicle of disgraced former National Party MP Jamie-Lee Ross. Ross withdrew from standing in his former electorate of Botany, hoping instead to enter parliament as a list candidate with co-leader Billy Te Kahika winning the Te Tai Tokerau seat, which Ross described him as "on track to win" in the lead up to the election.

On election night Te Kahika gained just one percent of the votes in the electorate, polling behind the candidate for the Aotearoa Legalise Cannabis Party and besting only the New Conservative

candidate and two independents. Even if he had won the seat Ross would not have joined him in parliament, as the total party vote for Advance New Zealand was just 28,434 votes, around 1% of the total.

Victoria University's New Zealand Social Media Study, which tracked misinformation spread by political parties on social media, found 31 per cent of Advance New Zealand's posts on Facebook were "half-truths" (content that's not completely false but still contains information that's not fully accurate) while a further six per cent of posts were falsehoods.⁹ The Advertising Standards Authority ordered them to pull advertising that falsely claimed the government had made vaccines mandatory¹⁰ and two days before the election Facebook removed their page-which had approximately 33,000 followers-for repeatedly posting misinformation about Covid-19.¹¹

Traditional media was divided on how to report on Billy Te Kahika and Advance New Zealand, or to report on them at all. "I felt there was a good chance Billy TK would manipulate any interview platform to further push misinformation." wrote Jack

⁸ 'A Darker Truth' James Baker, Stuff.co.nz, <https://interactives.stuff.co.nz/2020/10/a-darker-truth-anti-semitism-billy-tk-jr-conspiracy/>

⁹ 'Advance NZ worst offender of fake news on Facebook among parties – election study' One News, <https://www.tvnz.co.nz/one-news/new-zealand/advance-nz-worst-offender-fake-news-facebook-among-parties-election-study>

¹⁰ 'Advance New Zealand ordered to pull 'misleading' advertisement', Kim Moody, New Zealand Herald, <https://www.nzherald.co.nz/nz/advance-new-zealand-ordered-to-pull-misleading-advertisement/3CB7YQADCYYHHEII3U73E2JP4A/>

¹¹ 'Advance NZ Party's Facebook account closed after breaches' RNZ: <https://www.rnz.co.nz/news/political/428424/advance-nz-party-s-facebook-account-closed-after-breaches>

Tame, host of TVNZ's Q+A programme, which did not cover the group. "You give him a hard time, and he says the media's conspiring against him. You let him share his ideas and you run a serious risk of legitimising them amongst his followers."¹²

Stuff took a different approach, producing a forty-five minute documentary 'False Prophet'¹³ about Te Kahika, which detailed his alleged bullying and underpayment of people he'd worked with in the music industry and inappropriate conduct toward women, as well as exploring the anti-Semitism that underpins many of the conspiracy theories he was propagating.¹⁴

Following the election it was reported that during the campaign, high-ranking members of the Public Party had raised concerns that money collected by Te Kahika was unaccounted for and that contractors had not been paid. There was a bid to remove Te Kahika as leader, but Jami-Lee Ross opposed this as he saw Te Kahika as his only path back to parliament.

"He's deeply flawed as we all are," Ross said in a text message seen by *Stuff*¹⁵ "But we are better to work around those flaws to do right by the people he has given voice to. Taking him down hurts every single candidate who has believed, every single candidate and both of us."

On October 25 Te Kahika emailed candidates stating: "I believe it is time that the New Zealand Public Party (NZPP) breaks away from the alliance with Advance NZ and, with Reset NZ, reform back to the party we are meant to be." (Reset NZ was a small, unregistered party that also joined with NZPP.) In a statement provided to the media, NZPP director Michael Stace was quoted as saying "NZPP is clear that its leader is not stepping down, and it is not severing its relationship with Advance NZ" noting that the party was merely becoming autonomous again after failing to enter parliament.¹⁶ A few weeks later however the split between the two parties appeared more acrimonious, with a messy dispute over money playing out in public.¹⁷

Ross told *The New Zealand Herald* that Advance would hold a special general meeting held early in 2021 and a reconstituted party, with a new nationwide structure, would continue in preparation for the 2023 election. This appears overly optimistic on Ross's part as it's widely believed his political career is now over. In a now famous interview, *Newshub*'s Tova O'Brien told him they wouldn't be inviting him on the programme again, after accusing him of "whipping up fear and hysteria among vulnerable communities"

¹² 'Billy TK isn't done yet' Jack Tame, *Newstalk ZB*: <https://www.newstalkzb.co.nz/on-air/saturday-morning-with-jack-tame/audio/jack-tame-billy-tk-isnt-done-yet/>

¹³ 'False Prophet', *Stuff*: <https://interactives.stuff.co.nz/2020/10/false-profit-down-the-rabbit-hole-of-billy-tk-jr/>

¹⁴ 'A Darker Truth': *Stuff*: <https://interactives.stuff.co.nz/2020/10/a-darker-truth-anti-semitism-billy-tk-jr-conspiracy/>

¹⁵ 'Used goods' Jami-Lee Ross saw Billy Te Kahika Jnr as only path to election', Matt Shand, *Stuff*: <https://www.stuff.co.nz/national/300104833/used-goods-jamilee-ross-saw-billy-te-kahika-jnr-as-only-path-to-election>

¹⁶ 'Billy Te Kahika quits Advance NZ party', Bernard Orsman, *New Zealand Herald*: <https://www.nzherald.co.nz/nz/billy-te-kahika-quits-advance-nz-party/IAQR37YCWL6YSLTKGO4ZJFXPAM/>

¹⁷ 'Jami-Lee and Billy's divorce: Who gets the money?' Mark Jennings, *Newsroom*: <https://www.newsroom.co.nz/jami-lee-and-billys-nasty-divorce>

and cutting him off with "I don't want to hear any of that rubbish" when he tried to claim COVID-19's fatality rate is similar to that seasonal flu (something disproved by experts).¹⁸

Meanwhile Billy Te Kahika has suggested the election was rigged, claiming that hundreds of thousands of votes had either been disqualified or not counted. (The Electoral Commission has rejected this, saying the process was transparent and robust.)¹⁹ With the party banned from Facebook he has used his 'Public Figure' page to encourage supporters to follow him to the small social media site MeWe²⁰ where he is unlikely to ever regain the same reach he had on Facebook.

We may not have seen the last of the New Zealand Public Party however, while failing to achieve representation in parliament the hundreds (possibly thousands) of people who attended rallies and town-hall style meetings held by the group can't be written off as insignificant. Speaking with *Newsroom*, the University of Kent's Karen Douglas said the outcome of the 2020 election did not mean conspiracy theorists would not be successful in the future, or that they would die out.

"As societal situations fluctuate, conspiracy theories may become more appealing again."



¹⁸ 'NZ Election 2020: Tova O'Brien clashes with Jami-Lee Ross over Advance NZ party 'whipping up fear and hysteria'', Mark Quinlivan, *Newshub*: <https://www.newshub.co.nz/home/politics/2020/10/nz-election-2020-tova-o-brien-clashes-with-jami-lee-ross-over-advance-nz-party-whipping-up-fear-and-hysteria.html>

¹⁹ 'Why voters rejected conspiracy theorists', Laura Walters, *Newsroom*: <https://www.newsroom.co.nz/pro/why-voters-rejected-conspiracy-theorists>

²⁰ Facebook post from Billy Te Kahika: <https://www.facebook.com/BillyTeKahikaOfficial/posts/170016364775921>

The lockdown rabbit-hole – how Paris Hilton is shining a light on an industry of for-profit prisons for children

By VITA BRYANT

Content warning: This article describes the physical, emotional and sexual abuse of children and young people.

I've always had a soft spot for Paris Hilton. Beyond her character in the reality series *The Simple Life*, she consistently comes across in interviews as funny, savvy and surprisingly likable. So when the headline "Paris Hilton Opens Up About Alleged Abuse in New Documentary" popped up in my newsfeed, I was an easy target for the clickbait. Hilton, the article outlined, was about to release a documentary – entitled *This Is Paris* – containing allegations that the Utah boarding school that she attended, Provo Canyon School, subjected her and her schoolmates to abuse and torture, including allegations of physical, sexual and psychological abuse, sleep deprivation, brainwashing and solitary confinement. Huh.

Later that afternoon, the creepy Google algorithm must have been hard at work on reading my mind, because the first video in my recommendations was titled *I See You Survivor*, posted by a woman named Amanda Householder, whose parents ran the boarding school Circle of Hope Girls' Ranch, where she alleges girls as young as eight years old were subject to religious indoctrination, forced labour and exercise, deprived of education and subject to physical and sexual abuse.

So began my deep dive into what critics and survivors label the "troubled teen industry," an international network of extra-judicial private prisons for young people, masquerading as therapeutic boarding schools, military academies, wilderness experiences, boot camps or drug and alcohol rehabilitation programs.

While the United States has a long history of using the boarding school model to force assimilation,²¹ the genesis of these for-profit "treatment programs" can be traced back to Synanon, an organisation founded by Charles E. "Chuck" Dederich in 1958. Dederich was a former alcoholic opioid user and Alcoholics Anonymous enthusiast, who, after an LSD trip and reading Ralph Waldo Emerson's essay "Self Reliance", arrived at the realisation that "dope fiends" needed more than the confessional "sharing" model popularised by the Alcoholic Anonymous movement. Opioid drug users needed greater accountability, Dederich argued, with addicts living together in an ascetic community. To further facilitate this accountability, he created The Game, a form of peer-based group-therapy, where participants took turns at sharing no-holds-barred, brutally "honest" assessments of each other, with the idea that tearing each other down would lead to participants building honesty, resilience and integrity. Screaming and shouting were encouraged. While initially, physical violence and threats of physical violence were prohibited, Dederich would eventually break this rule, then abandon it entirely. Thus, the modern concept of "tough love" was born.

The concept of attack therapy practiced in the Synanon Game would later be clinically debunked as ineffective and psychologically damaging,²² and Synanon would eventually descend into a cult which practiced forced

²¹ <https://www.theatlantic.com/education/archive/2019/03/traumatic-legacy-indian-boarding-schools/584293/>

²² <https://web.archive.org/web/20080430083101/http://www.counselormagazine.com/content/view/608/63/>

marriages and divorces, abortions and vasectomies,²³ with Dederich eventually pleading no contest to a charge of conspiracy to commit murder after placing a rattlesnake in the letterbox of a lawyer who had filed a number of lawsuits against the organisation. But prior to this, the Synanon community had a successful run in the 1970s functioning as a court-ordered juvenile rehab that received funds from nearby Marin County and the wider California area. Seeing the financial possibilities in this area, two of Dederich's followers approached him with the idea of recreating the Synanon environment exclusively for adolescents, with parents paying for the privilege. And in the climate of President Nixon declaring the War on Drugs, a burgeoning conservative backlash against the New Left and counterculture that would see significant cuts to social security, rising income inequalities and moral panics surrounding everything from satanism to Dungeons and Dragons to black masculinity,²⁴ this turned out to be a shrewd business decision.

The first youth program based on the Synanon model was named CEDU, the name of which, depending on who you ask, is either an acronym for Charles E Dederich University, or a contraction of the phrase "see yourself as you are, and do something about it." Founded in 1967 by furniture salesman and former Synanon member Mel Wasserman, the program was styled as an unlicensed "therapeutic boarding school," where adolescents would work through a daily program of attack therapy style encounter peer group sessions known as "raps," interspersed with forced manual labour (including the students acting as an unpaid contractual workforce for many businesses in the schools' communities), intensive outdoor education and long sessions of compulsory physical affection initially involving both staff and students, a practice known as "smooshing."

As part of the "tough love" regimen, all aspects of life were restricted, including diet, dress and grooming, mail and communications. Even music was categorised as permissible or prohibited; even speaking about a band such

as AC/DC would be deemed to be an infraction. Qualified therapists were rarely present, and psychiatric medications were initially banned, and later strongly discouraged. Graduation through the levels of the program involved participation in "seminars" based on large group awareness training, which commenced in the evening and ran from anywhere between 12 and 72 hours. Despite this entire education system being based on a number of fads that well and truly had passed by the beginning of the 1980s, CEDU became a multi-facility education empire, with the last of its facilities remaining open until 2005.

The second program was an in-patient residential youth drug and alcohol rehabilitation program The Seed, founded in Florida in 1971 and funded by a federal government grant. A 1974 Congressional hearing would find that The Seed used methods "similar to the highly refined brainwashing techniques employed by the North Koreans," however the program was not closed until 2001. The Seed, and its associated spinoff Straight, Incorporated, founded by Mel Sembler, a prominent Florida businessman who later became the United States ambassador to both Italy and Australia, were profitable businesses. Young people enrolled in the program would be billeted to a host family of a child already in the program, whose parents were instructed to lock the children inside their rooms at night. Each day, the children would be driven to the program headquarters, which were usually windowless buildings in semi-industrial areas. Once there, the young people would sit in straight rows of fold out chairs, and engage in a humiliating arm flapping movement dubbed "motivating," the rationale for which was that the display would signify the degree to which the participant was motivated to confess to the myriad of wrongdoings they had allegedly done and how much they deserved their plight.

The only way to progress in the program was for a participant to make confessions deemed acceptable and authentic by staff and their peers. Many survivors claim that they were compelled to exaggerate or fabricate

²³ <https://www.gizmodo.com.au/2014/04/synanons-sober-utopia-how-a-drug-rehab-program-became-a-bizarre-cult/>

²⁴ <https://www.motherjones.com/kevin-drum/2016/03/very-brief-history-super-predators/>

confessions in order to sate their judges' need for increasing demands of "getting real" and "getting right." And in this case, their judges were their peers. The program was nearly exclusively staffed by former graduates, and its functioning depended on the labour of "unpaid trainees." The qualification required in order to become a therapist or other worker for the program was to have graduated from the program. In blurred categories of "student," "trainee" and "therapist," whose membership was fluid depending on who was being promoted, or demoted, by others in the program, the young people observed each other in all aspects of their lives, including showering, dressing and using the toilet. Food was severely restricted, with most survivors reporting a diet almost exclusively of peanut butter sandwiches and cordial. Both former President George H W Bush and former First Lady Nancy Reagan publicly endorsed Straight, Inc,²⁵ with the latter taking Diana, Princess of Wales on a tour of one of its facilities during an official visit.

These two organisations commenced a wave of private, for-profit extrajudicial prisons for young people, who, depending on state regulatory schemes, will label themselves as therapeutic boarding schools, emotional growth schools, boot camps, private military academies, wilderness experiences, residential care facilities, or behaviour modification facilities. The "client" (usually the young person's parent or guardian, although large numbers of state judicial, youth justice systems and even state care and mental health systems have mandated children to enrol in these programs) is subject to an elaborate marketing campaign, assured the young people will receive qualified and effective therapy, a balance of training in mainstream education and practical life skills, and a structured routine that will allow them to thrive. In their advertising, programs have claimed remarkably successful treatment rates for a wide range of conditions, including alcohol and drug dependency, mental health conditions, personality disorders, ADHD and neurodivergence and disordered eating. Some parents have enrolled teenagers for as little as

music tastes, dyed hair and piercings deemed to be unacceptable. Some programs have even suggested they may be a useful experience for a child experiencing "boredom." Some programs have practiced gay or transgender "conversion therapy," and some are self-styled weight-loss camps.

The reality, survivors have claimed in successful lawsuits against programs, their insurers, and even states, is that these schools are essentially gulags. Non-compliance with the "program" – which could be an infraction large or trivial, would result in both demotion and punishment, which may range from dishwashing or writing lines, to solitary confinement which may have lasted for weeks, physical restraint from staff and peers, forced exercise and labour (including labour such as moving rocks from one spot to another, before being ordered to move them back again), beatings and being forced to maintain stress positions.

The exact nature of each program is varied, depending on its jurisdiction, era and ideology of their founders. The Élan School, which ran from 1970 until 2011, combined the elements of peer attack therapy with a borstal atmosphere, ritual humiliation (including forcing students to sleep in dumpsters and wear bunny suits) and a practice known as "the ring" where disobedient students would be forced to participate in boxing matches against their peers until they were defeated. The school's practices went largely unnoticed until 2002, when Michael Skakel, the nephew of Senator Robert F. Kennedy, was convicted of the 1975 murder of Martha Moxley. The evidence of confessions made during his time at Élan School was one of the most sensationalised aspects of the Skakel trial,²⁶ which also opened the door to examination of the circumstances in which these alleged confessions were made. Skakel's conviction was vacated in 2018, after he had spent 16 years in jail.

The World Wide Associated Programs of Specialty Programs and Schools (WWASP) ran facilities from 1998 to 2005 in the United

²⁵ <http://survivingstraightinc.com/FederalGovernmentStraightDocs/NancyReaganDocs/Mrs.-Reagan-other-speeches-and-OP-ED-84-86.pdf>

²⁶ <https://www.theatlantic.com/magazine/archive/2003/01/a-miscarriage-of-justice/304759/>

States, Mexico, Costa Rica, the Czech Republic and Samoa, and used long periods of restraint in stress positions, forced exercise and the confinement of young people in dog cages to enforce compliance with their program, which was largely based on listening to self-help tapes and seminars created by a company called Resource Realizations (or Premiere Educational Seminars) a spin-off of the notorious large-group awareness training organisation Lifespring. Seminar exercises including forcing students to choose who would be given seats on an imaginary liferaft, and who they would choose to perish. Others, such as the Circle of Hope Girls' Ranch, were affiliated – either officially or unofficially – to religious organisations, most notably Independent Fundamentalist Baptist churches or The Church of Jesus Christ of Latter-day Saints (Mormonism).

Perhaps the most shocking case I found during the deep dive was that of Lulu Cotter, whose successful lawsuit against the Straight, Inc. spin-off program KIDS of Bergen County was covered extensively in Maia Szalavitz's excellent book *Help at Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids*. By all accounts, Lulu was a good kid who had a difficult life. Growing up in a working-class, single-parent family, her mother was a factory worker who worked long hours of overtime, initially to send one of Lulu's older siblings to the rehabilitation program. Like too many young people, by the age of 13, Lulu had experienced sexual violence at the hands of multiple perpetrators, but was an otherwise bright, happy and healthy child, who enjoyed fashion, spending time with friends, and her favourite artist, Madonna.

The KIDS of Bergen County program, which eventually received Medicaid funding, was strongly focused on 'family therapy' – mandating that parents and all siblings over the age of eight attend long evening sessions, which mostly involved listening to the 'confessions' of their family members within the program. Before one of these sessions, Lulu had purchased a new outfit enviable to any eighties adolescent Madonna fan – black pleather pants and a cropped lace t-shirt. Despite being warned that the outfit was not

appropriate for the family therapy session, she wore it anyway.

This event would dramatically and permanently alter the rest of Lulu's life. On October 27, 1984, the untrained KIDS staff insisted that Lulu's outfit was concerning enough to warrant an "interview," without her mother or support person present. This interview, which lasted into the night and took place over several hours, resulted in Lulu, who had never before skipped class, or even tried alcohol or cigarettes, being admitted into the program.

During the 2003 civil trial in which Lulu sued the program's insurers, it became apparent that her intake notes had been lost, if they were ever gathered. Even the program's directors admitted they could not recall the specific reasons for her intake, and during testimony variously suggested "over eating" or a "sexual disorder," neither of which any staff member at KIDS was qualified to treat. For the rest of her teenage years, Lulu would not receive education, participate in extracurricular activities, date or attend her high school prom. As the KIDS program involved those at the first stage being billeted to others' homes, she barely saw her mother. Instead, she was subjected to 12-hour days in a windowless warehouse, "motivating" in order to be called upon to confess to her "druggie behaviours." One of the people who had sexually abused Lulu, also an adolescent in the program, at times sat right next to her. She was frequently restrained and beaten by peers and staff for various infractions. Eventually, she would injure herself, for which she was physically punished further. By the time she turned 18, and with no high school education, Lulu honestly believed that she would have no life outside of KIDS. She would not escape until she was 27 years old.

But the troubled teen industry is not a historical quirk relegated to the Reagan era. The Circle of Hope Girls Ranch was not closed until late August 2020, despite multiple complaints to made to media, state and federal authorities from its opening in 2006.²⁷ Provo Canyon School, the facility attended by Paris Hilton, remains open, despite corroborated abuse claims dating back thirty

²⁷ <https://www.nbcnews.com/news/us-news/girls-alleged-abuse-reform-school-years-it-stayed-open-until-n1241011>



years. Nor are these treatment programs a quirk of the United States' *laissez-faire* approach to federal regulation. In 2018, a teenage boy from Tasmania in the state's care system was sent to a program in the Northern Territory, where he alleges he was verbally abused, scruffed and pushed around, and made to sit in isolation on a milk crate for hours at a time.²⁸

A 2015 Rolling Stone article alleged that there have been 86 deaths in youth residential programs,²⁹ although activist Liz Ianelli notes that this does not account for those who die from injuries, suicide or overdose after leaving programs, tallying 101 deaths of people under the age of 40 from her school alone.³⁰ If we have long reached scientific consensus that tough love does not work, we must acknowledge that the reason parents and state authorities are mandating children to these facilities is for punishment and correction – which begs the question, what misdeed is so egregious that we would insist that children receive an open-ended sentence to a facility where conditions described are harsher, and far less regulated, than most adult jails? And what is the rationale for sending vulnerable children in need of care or experiencing mental illness, to such a facility?

This Is Paris is a truly excellent documentary, and can be watched at
<https://youtu.be/wOg0TY1jG3w>

²⁸ <https://www.abc.net.au/news/2020-10-05/teenager-speaks-out-about-time-at-allan-brahminy-program/12730474>

²⁹ <https://www.rollingstone.com/culture/culture-news/life-and-death-in-a-troubled-teen-boot-camp-31639/>

³⁰ <https://www.nytimes.com/2018/09/02/nyregion/suicide-school-overdose-deaths-ny-family-foundation.html>

The backlash against returning New Zealanders

By ANI WHITE

The COVID era has seen a shocking backlash against returning New Zealanders.

Pedestrians have spat at those in quarantine hotels, talkback radio is rife with callers attacking returning New Zealanders, charges of up to \$3,100 for compulsory quarantine have been introduced after pressure from the opposition National Party, an ActionStation petition against those charges received a backlash online.

Of course, many New Zealanders within the borders are legitimately scared in a situation of global pandemic. These fears are manipulated by political actors such as the National Party, and the various rising populist parties.

However, it is worth examining why this manipulation works. In part the issue is a long-standing Fortress New Zealand attitude, often taken out on migrants and refugees, and now apparently extending to citizens of Aotearoa/New Zealand.

While some in quarantine hotels have foolishly broken quarantine, there are only two people who have illegally made a break, and there are also citizens within the borders of Aotearoa/New Zealand who have broken lockdown rules. There is no reason that proper quarantining of returning New Zealanders, with generalised testing, should lead to the introduction of COVID. In fact, cases identified in quarantine have been safely contained and treated.

Some hold that after the sacrifices made by citizens within the borders of Aotearoa/New Zealand, returning citizens are opportunistically seeking a lifeboat. However, quarantine hotels are at least as restrictive as lockdowns, so returning citizens also make sacrifices. Returning citizens have also likely experienced lockdown overseas, or lost work. The attitude that sacrifices are limited to

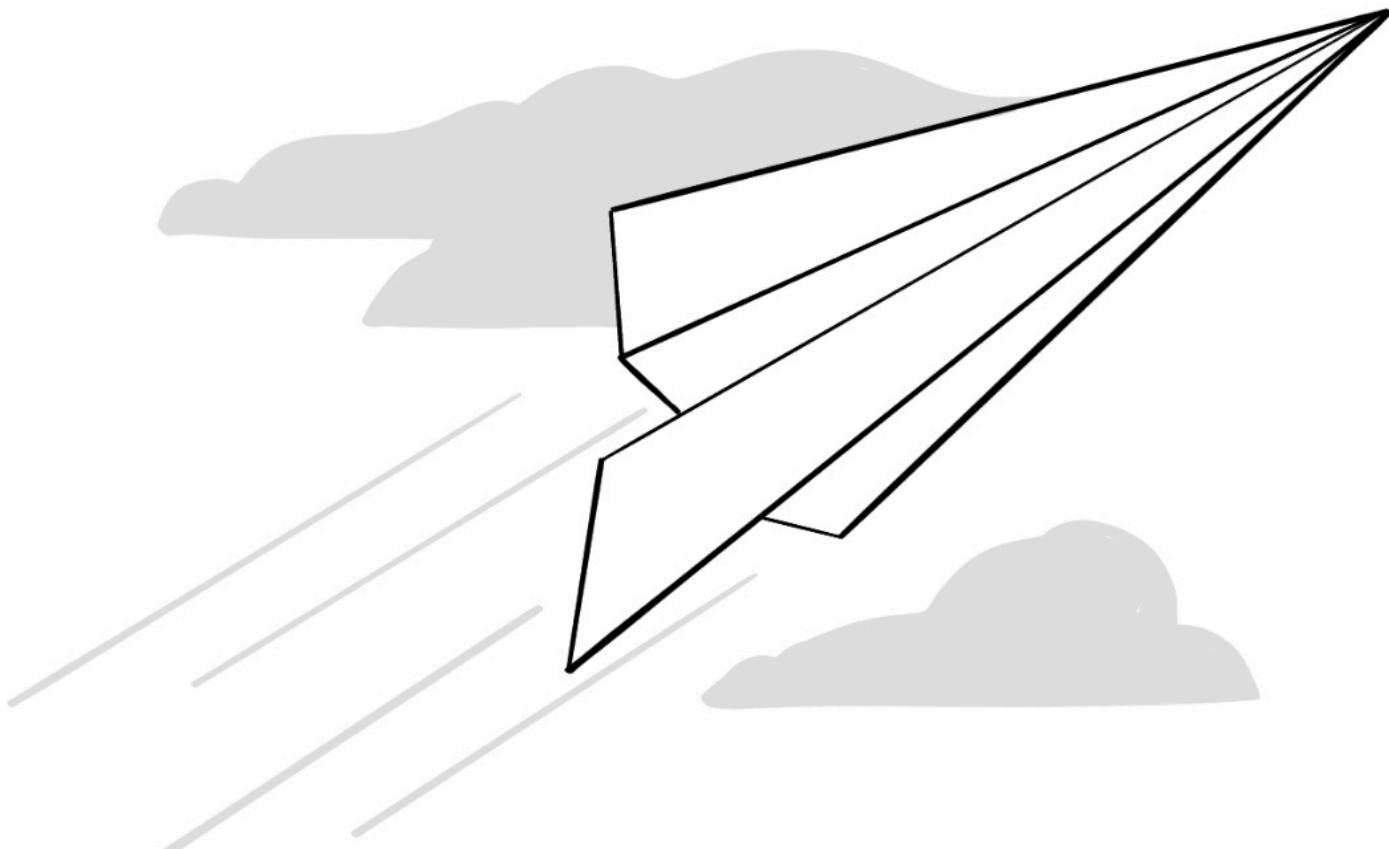
people within the borders of New Zealand is short-sighted. The moralistic psychology guiding this attitude is worth exploring.

There is also a racist undercurrent to the backlash against returning New Zealanders. As well as Maori and Pasifika, many are migrants to Aotearoa New Zealand and their children, who are New Zealand citizens. In July, after the government announced that it was considering using hotels in Queenstown or Dunedin as quarantine facilities, National MP Hamish Walker issued a press release claiming that up to 11,000 people were “heading to Dunedin, Invercargill, Queenstown from India, Pakistan and South Korea”. (Walker subsequently resigned in disgrace after he was caught leaking details of people with Covid-19 to the press to support his claim). Asian New Zealanders have also experienced heightened racism.³¹

Yet there is more to it than this, with the backlash also affecting returning Pākehā. The attitude can be understood through Friedrich Nietzsche's concept of *ressentiment*, a fancy French word simply meaning resentment (but used in a specific way by Nietzsche). With *ressentiment*, the basis of morality is the perception that somebody else is the source of the resentful one's problems. Although Nietzsche was an aristocratic reactionary, and questionably called this instinct 'slave morality', the concept has some utility in understanding misdirected moralistic impulses.

Where Nietzsche's concept of *ressentiment* can be problematic is that exploiters actually are responsible for many problems, and a politics based on that has some justification. However, moralistic resentment can also be projected horizontally, or downwards, onto scapegoats. Rather than perceiving their common interests, workers guided by pure

³¹ <https://www.stuff.co.nz/national/health/coronavirus/122110939/the-new-convenient-symbol-of-racism-against-asians-in-new-zealand-is-covid19>



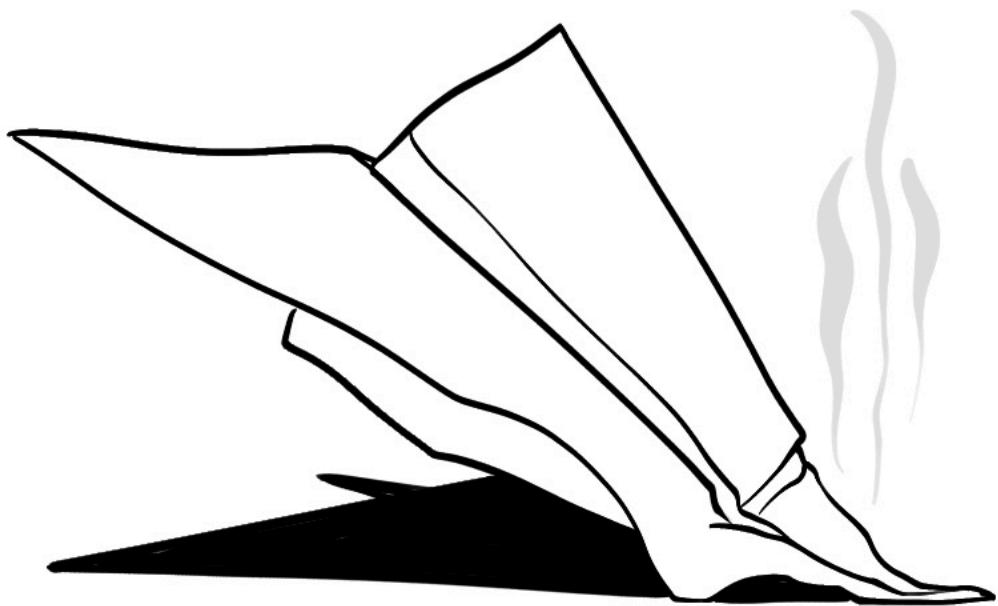
resentment perceive other workers – such as refugees, migrants, the unemployed, and other social minorities – as having something they don't. Often this is wildly inaccurate – for example, on a public Facebook post by the Migrant and Refugee Rights Campaign, somebody commented that resettled people in Aotearoa/New Zealand are given a free car and free housing. A purely resentful politics without any positive content can bleed into ugly populism, where poor and working-class people (often 'foreign' or otherwise different) are blamed for problems they are not responsible for.

This involves a double-displacement of class struggle within Aotearoa/New Zealand. First, class struggle is displaced when New Zealanders move to Australia for better wages and conditions. Second, class struggle is displaced when workers who remain in Aotearoa/New Zealand blame the people who moved for their inferior conditions. The only way to improve wages and conditions in Aotearoa/New Zealand is to challenge capital, and blaming economic migrants does not help.

A common refrain is that returning New Zealanders must be economically privileged. However, this erases labour migration to Australia, including many Pasifika and Māori

workers in hospitality and blue-collar industries. Although wages and conditions may be better in Australia, migrants are still exploited, and are often the first to lose work in a crisis. New Zealanders in Australia who don't have Australian citizenship are not entitled to unemployment benefit or any other government assistance, which has forced many to return home. Economic migrants seeking higher wages may not all be dirt-poor, and may have opportunities others lack, but that doesn't necessarily mean they're super-rich, and can easily pay thousands of dollars for a five-star hotel. Rather than simply dirt-poor or super-rich, many workers are somewhere in between.

Returning New Zealanders have not chosen to stay in five-star hotels; they are forced to. It's a relief that hotel charges do not apply to those returning permanently, but even people returning temporarily may be visiting family, which is surely legitimate even if family members are not dying (which is grounds for compassionate exceptions, whereas simply visiting family is not). The idea that returning New Zealanders should be economically punished for visiting family is extraordinarily mean-spirited.



Privilege-checking of returning New Zealanders misses the point: travel restrictions have been ramped up across the board, and the actually-rich are most able to weather these restrictions. Processing of refugee cases was frozen soon after the outbreak of COVID, and densely packed refugee camps face a particular risk for spread of disease.

International solidarity, rather than privilege-checking, is needed. This includes the need to develop Trans-Tasman connections between workers' organisations. Resentful nationalism prevents the solidarity needed to improve conditions for all.

COVID-era nationalist resentment has precedent. The reaction to Hobbit actors unionising typifies these attitudes. Tech workers in the industry bought into the blackmail of Peter Jackson and Warner Brothers, showing the self-defeating nature of misdirected resentment. Nationalist workers fought for the right to be exploited under worse conditions than international workers – Aotearoa/New Zealand actors were simply fighting for the same rights as international actors working on the same productions, and Aotearoa/New Zealand workers in the industry were dismissively referred to as 'Mexicans with cell phones' (although tech workers were

relatively well-paid). Union leaders such as Helen Kelly and *Outrageous Fortune* actress Robyn Malcolm were attacked by tech workers in public. Malcolm fled to Australia to escape the toxicity of the industry, which has more recently been underlined by revelations of sexual harassment at Weta Workshops. Again, as with COVID-era fears, the situation was exploited by powerful actors such as studios. Celebrity director Peter Jackson managed to get the law changed so actors could not unionise, a restriction referred to as the '*Hobbit* law'. However, workers are not blameless for buying into scapegoating, and these attitudes must be challenged.

As with the Hobbit case, COVID-era nationalists hold onto their misery, perceiving no hope of improving their own conditions. Resentments and fears are projected onto 'rootless cosmopolitans', now even including New Zealand citizens. The widespread message 'be kind' apparently does not extend to returning New Zealanders.

Essential workers: Essentially expendable?

Originally published by the Health Sector Workers Network of Aotearoa,
<https://hswn.org/2020/05/30/essential-workers-essentially-expendable/>

Leading into the rāhui/lockdown in Aotearoa on the 25 March 2020, The Health Sector Workers Network of Aotearoa (HSWN) asked essential service workers about the issues they were facing. Receiving 134 responses in the final 10 days of March. They paint a consistent picture of stress and anxiety, safety concerns not being heard, fear of contracting Covid-19 or infecting loved ones and colleagues. The responses strongly called for immediate lockdown, adequate PPE (Personal Protective Equipment) and crucial financial support at a time when these essential measures were still being debated by government leaders

Due to the efforts of essential workers and the solidarity by the wider public in staying at home, Aotearoa has been able to relax the strictest social distancing and avoid the catastrophe faced in many other countries. However, the issues that essential workers identified are not new ones. Short-staffing, unsafe workplaces, low pay, work-related distress and frontline workers being excluded from decision-making are all long-term problems that Covid-19 brought to the surface. The fact that workers doing the mahi that society depends on are treated as if their own well-being is expendable cannot continue.

HSWN members are essential workers too and we tautoko these responses. The delay in getting our survey out is testament to the high emotions, stress and long hours we experienced working on the Covid-19 frontline. Thank you to all the essential workers who answered our survey. See below the responses to the following questions:

Where do you work and what is your role/area of essential work (paid or unpaid)?

- How is Covid-19 affecting your personal life and/or work as an essential service worker? (e.g. health and safety concerns, management response, mental health, financial concerns etc.)
- What, in your opinion as a frontline worker, needs to be done? (e.g. community or official responses).

LMC (Lead Maternity Carer) midwife, working in the community, Canterbury

- NO PPE!! WE HAVE ABSOLUTELY NO PPE! Please help us. I have a limited volume of hand sanitiser, disinfectant and gloves. No masks, no gowns, no glasses, only if a confirmed case of covid-19. Don't feel safe. Worried about passing illness to my family or pregnant women. Worried I won't be able to continue working and there are not enough midwives to care for my clients. Why do bank staff have PPE but I don't???
- I need PPE. I need clear guidelines from the Ministry of Health and NZCOM (NZ College of Midwives). We have been told to use 'clinical judgement' when choosing who to see face to face. Lots of different interpretations of this.

Grocery worker, New World, Wellington

- Bosses have pushed for maximum overtime from staff, while taking very few precautions and offering nothing in return. Social distancing + ban on indoor gatherings is totally ignored. No protection at all for the staff, aside from disposable gloves, but it is not enforced strongly enough.
- Provide food boxes to those struggling with bills and isolation. Provide hand sanitiser + gloves to customers, Strict limit on entry into store, strictly limit distance between customers + staff. Offer hazard pay/bonuses to staff who continue to work.

Registered Nurse, Waikato DHB

- I feel our hospital is totally unprepared. Managers from women's health were excluded from planning meetings due to the area being low risk. Adequate precautions not being taken and staff put at risk due to responses.
- Close schools and stop lying to people about our policy being based on best scientific evidence and the Singapore/Taiwan response. Taiwan closed schools for extended breaks and delivered 81000 gallons of sanitiser to educational facilities, millions of masks, 25000 forehead thermometers, and has 95% of parents notifying schools of their children's temperature every school morning prior to arriving.

Freezing Works worker, Taranaki

- We work with no distance restrictions. We are in close contact every day, on dayshift at one time there may be 500 employees, on night shift 300 employees.
- Be provided with face masks. Regular testing of all employees for Coronavirus.

Checkout operator

- Concerned that customers are not staying away when they are unwell, I have an at-risk mother who is on her own and if I get sick I can't help her. We are understaffed most days and now have team members who refuse to serve customers which doubles the level of stress for the rest of us.
- Clear direction to businesses on what qualifies as pre-existing medical conditions and for my company to make a decision on how to keep stores safe for us. At the moment they seem to be more interested in profit and being seen to be doing the right thing.

Elderly support worker for Vision West

- Personally accessing food and using public facilities like the local library. As a service I am dealing with aggressive N.O.K [next of kin] that are scared
- I think my employer needs to be timely with their PPE plan and also clients that do not have essential care should be put on hold. Also, to minimise risk, small teams of 6 need to only see 8–10 clients.

Primary care practice nurse

- Work has been hectic since Monday. We have been one of the testing stations and our normal workload has been overrun by covid-19 enquiries from both patients and other health services. This has taken a major toll on all our staff.
- Separate covid-19 clinics keeping potential risk away from our genuinely sick pts who need to be seen. Perhaps we could shut down any non-essential parts of our service and spare staff for the COVID-19 centres.

Registered Nurse, ICU

- I just got exposed to a COVID-positive co-worker (doctor) who worked 4 days ago.
- Provide PPEs, strict social distancing policies.

New World grocery worker

- My manager tried to force me to come into work even though I was sick. Not only a violation of my contract, but I'm sure that's illegal at the moment'.
- Managers to respect the right to sick leave.

Petrol station worker

- Anxiety level increased.
- More health measures in place to serve customers.

Clinical Specialty Nurse, CMDHB

- My husband and I work in the same unit. If one is exposed then other will be affected as well. This will have financial burden on both of us as both need to isolate. Personal experience: after husband got flu like symptoms, I was still allowed to work as I had no symptoms. Husband was to isolate until results were up. Difficulty in getting Healthline to answer phone calls. GPs are busy. Different advice from management and GPs. A lot of mental exhaustion felt during this period. Being in a leadership role I have to ensure that all my staff is prepared and able to deal with acute demands as well as COVID-19 patients. ICU/HDU trying to save beds for COVID-19 patients therefore other acute cases needing 1:1 [care] deferred or kept at our unit until further notice. Our unit is not a ward therefore patients staying longer than 2 hours causes backlog of other cases needing space. Lack of staff due to specialty cares.
- More funds for APPROPRIATE diagnosis. Husband had to get tested twice as first ones came up negative and due to busy GP clinic swabs got mixed up/too many people with flu-like symptoms. Standardized gold standard diagnosis.

Medical Centre receptionist/admin

- Worried re: being exposed and potentially taking home to family. Have had pneumonia previously.
- Better safety from sick people (which we are trying to fast track at my work) supermarkets etc are very exposed all the time with no preventative measures.

Support worker for IDEA Services

- Health and safety, infection control, not enough protective equipment is being supplied, no masks whatsoever, extra basic stuff like wipes sprays etc is having to come out if the normal provision money for housekeeping etc., etc.
- More protection for workers.

Pizza delivery driver

- Safety concerns especially if people don't let us know beforehand on their orders if they are sick.
- All persons ordering anything MUST let us know if they are sick.

Hospital Admin, Dunedin

- Would prefer to work from home, but not possible as there is no IT support available.

- Admin and Clerical staff in the hospital need to be kept advised about the situation in the hospital, just as doctors and nurses are!!

Registered nurse youth health, West Auckland

- Increased social distancing, considering decreasing appointments to essential only, potential shift forced by DHB to turn our clinic into a testing area which will greatly impact our current essential services.
- Increased support on Primary Health Care side of management and containment, including paying RNs more, and providing proper funding for or directly providing essential PPE supplies.

Registered Nurse, Nelson Hospital

- Safety of family and friends, if I'm infected at work, will managers (also health professionals) be available to work on the wards? Will we have PPE? If not what is recommended by health and safety?
- Managers need to involve staff, who will be front line in what the plan is, clear direction.

Security, Southern District Health Board

- Am very concerned for my health at work, no protection been given so far! Also very disappointed testing is not wide spread! How do we know it's not already community spread if the government puts protocols in place to NOT TEST people who have all the symptoms? How do we not know that someone who has all the symptoms, has tried to get themselves tested but cannot! How do we know they didn't catch it from the person coughing in front of them at the supermarket! So pissed at our government right now! Too little, too late!
- Ease of mind! Test people for crying out loud! Lock the country down like in China! You know in China they put a metal bar across the entrances to houses where people were infected! We are doing bugger all! No safety measures at supermarkets, no protection at work!

Registered Nurse, Ōpōtiki

- Working 6-7 days a week. Partner in the higher risk category (male, diabetic on ACE inhibitor), he has had to close his business as he works in events and they are all cancelled/postponed.
- Ensure sufficient PPE, encourage additional staff to work if possible to ensure more normal hours are being kept, otherwise working 7 days a week for a long time will end up with more staff off sick.

Checkout operator, New World, Thorndon

- Putting my life at risk to serve others, not being able to stay 2 meters away from other people and not much precautions in place for staff. Uni courses are going online now.
- More health and safety precautions for staff.

Home support worker for the elderly and people with disabilities

- My agency has not provided PPE for some years. Now we can't get any ourselves. Management won't answer any questions about this – clients are cancelling care – less hours for us – as we move from house to house we fear transmitting the virus; however management have said we are no more at risk than any flu season. All our clients are extra vulnerable – we have five days a year sick leave and are expected to use it, and then apply for annual leave. There is no talk of special leave. – we already work erratic hours with cancelled cares and changes in guaranteed hours being a problem – Many of us are elderly ourselves or have respiratory problems. When on Friday Geneva told its workers over 70 and immunocompromised workers they couldn't work, that meant many workers downed tools – some workers are leaving their jobs

because their own health is poor. They are worried about getting infected. – management from my agency seems to treat the situation as business as usual. We're just asked to watch the government website. We still get texts every day asking us to do jobs – there is nothing communicated about the free flu vaccine.

- Clarity of communication. If they don't know, tell us. Acknowledging our value as care workers.

Māori midwife in the community, Manawatū

- I am an asthmatic so is my son. Likewise my brother and my mother who is 67. I have made the choice to keep my son home. I can no longer support wāhine hapū to birth. I am lucky my husband can still work and I have another form of income at the moment.
- There needs to be an action plan set for kaimahi Māori to make sure we as frontline staff are looked after in a culturally responsive way, as well as the whanau we support.

Security officer at supermarket

- Scared, feeling helpless. Accepting probably going to get sick.
- Free public transport and other benefits for low wage essential workers.

Radiology, Mid Central Health

- Have to work, shared child care, solo Mum. Who looks after my kids when I have to work? Or do I not work and not get paid?
- Being told we don't have enough protective gear at the hospital is very worrying. Produce more hand sanitizer, people are worried because it ran out.

Caregiver for mother and uncle, one with dementia, one with lung cancer

- I am concerned I may carry virus to them as I'm their only contact to outside world at the moment. I'm the only one to do their shopping, cooking and personal cares. Very worried.
- Level 4 needs to be put in place.

Forensic psychiatry, Mason Clinic

- Rest of family at home. Onus on me not to bring the virus home-or take it to work!
- A robust barrier in place both at home and at work, a sort of firewall each end. Simple, but consistent. I will carry my ID, to prove that I am a health worker, and legitimately out of my house. Public information needs to be everywhere. Clear and simple guidelines, and repeated. People need to understand what is essential and what is useless. I saw quite a few people wearing disposable gloves at a supermarket yesterday, and touching everything with those gloved hands, as if they would somehow not transfer infection. I guess advice needs to be dynamic as we observe behaviours and see what the salient gaps in our defences are.

Longline assistant, Countdown

- Really concerned with the number of people rushing stores and no safety equipment provided for the workers.
- People coming in and out of the store should be tested by their temperature and safety equipment such as gloves and masks should be provided to the workers.

Front Reception, DHB hospital

- I'm not getting information given to me from my management or above as to what is happening, so I am unable to put things in place and am not prepared for situations and questions I get asked at work by the public. I don't know what's happening with my job. This is affecting me getting to work as I depend on public transport. Health and safety hasn't been covered efficiently for my area, the front of the hospital. This has been shown by an incident that occurred due to the sanitiser and how everyone passed the buck to wanting to be accountable for it and wanting to prevent it, so I took it upon myself. Financially it's beginning to cripple me as I was meant to be starting more hours this week because of financial struggle, now this will impact on me mentally and financially. Lack of team morale within the workplace has been a huge impact on me, no communication or compassion. No rallying together to care about one another at this time of need but this behaviour ripples from the top.
- Supervisors and management's needs to find out what is planned for our department for the next four weeks and let us know ASAP so we can plan our lives. There needs to be firm leaders in each team chosen by management to take the wheel during this time. Communication is the key. We also should be getting financial support for this, especially people in my types of positions that have close proximity of contact with people in case we get ill as we are sacrificing our wellbeing for the people or Aotearoa.

Nurse, ICU

- Family separation. Young children and elderly parents so to protect them while being available to care for patients I have isolated myself from them. Although utilising PPE there are still concerns of transmission to healthcare workers as had happened in China & Italy. So while many are worried about being crowded at home many of us health carers are looking at a lonely time when we are at home. And frustrated I can't help them with the everyday business and worry about the stress on my parents. And their worry for me. Once it gets busy then it'll be very different as we will all have a hyper focus at work and we all anticipate working a lot of extras. Getting tired and needing to maximise our own immunity too is a concern.
- Nutritional Meals/drinks supplied and perhaps accommodation for some... not everyone can isolate as easily from loved ones as others can. Maybe some simple immune supplemental support for staff. And emotional support early to aid staff resilience. Maybe DHB only shopping times at supermarkets...to reduce public interaction but also free up supplies for essential workers. And supermarkets need to count customers and limit numbers of people going in and out of the stores. Lock down to limit spread of disease is important and we all need to adhere to it.

LMC Midwife

- Isolated at home as my husband is immunocompromised and I have an underlying health condition as well. This means I have to pay a backup midwife out of my own pocket, to cover my caseload. Not sure how we are going to manage financially. Also have concerns about lack of PPE provisions for midwives working closely with people, particularly as there is no other profession that is at higher risk of exposure to body fluids.

District Nurse

- Afraid of bringing the virus home to loved ones.
- Provide health care workers who are working during a community outbreak with paid accommodation to help to contain the spread. There are many nurses out there for who it is impossible to isolate from family members within one household.

LMC Midwife

- I'm concerned about lack of guidance from the MOH and NZCOM.. I'm worried for my health and risk of exposure. I'm currently unable to access any PPE or cleaning/disinfectant supplies.
- More guidance, more support, more PPE and disinfectant supplies.

Public transport bus driver

- Financial concerns, health & safety concerns, implications of social distancing on single households.
- More emphasis on workplace cleaning for non-public areas; transfers of COVID in car surfaces.

Self-employed midwife

- Expected to carry on seeing women with currently limited guidance and NP provision so far of PPE.
- Urgent provision of PPE and no expectations of us to work without them. And for midwives appreciate pay provision. It is shocking what we are expected to do for little pay and no pay.

LMC Midwife, West Community

- Very stressed. Have been given no PPE equipment, no guidance from the midwifery council or MOH and expected to still see women with no safety or information. Huge health and safety concerns, this has been poorly managed especially since it was obvious this would happen. Very worried about money.
- Rent and mortgage and bills need to be stopped. A ban on more than 2 products in supermarkets should have been implemented earlier. Should have been better control on stockpiling infection control equipment. The airport should have done better control and screening. We need answers from the MOH, we need PPE equipment and to not have accountability if something goes wrong because we weren't allowed to see our patients. We need direction.

Paramedic, Christchurch

- Anxiety increased and a more stressful workload.
- Promises for the future (both short and long term), practical and demonstrative assurances.

Ward clerk, Surgical wards

- Mental health. Clinical depression diagnosed. No support groups – shut down at mo. Being at hospital I'm overly anxious, depressed and worried. Would rather be home but I can't – I'm not 70 plus, pregnant etc. Clinical depression is not deemed unsafe.
- Transparency. For staff at home and rostered days off, no work emails coming to home emails. So very much in the dark.

Frontline Mental Health Crisis Respite

- Over half the team at my site dropped off because of fear of taking COVID19 home. We that are working skeleton think we should be compensated above our normal rate. The flak I'm getting from home because a partner has a Respiratory disease has caused our home stress. No assurances from our NGO or Capital Coast Health that they will give us priority healthcare in the event of CV19. No danger money no promised time down when the Pandemic for all who are frontline health on ordinary wages. Thanks guys.
- All people before contact with Health workers, including my site in Mental Health Crisis Respite, tested for COVID-19 before working with them. DHB to pick up our client Bedding done at hospital to stop spread of germs. We only have a small home brand 5kg machine doesn't ever seem up to standard yet they're willing to risk client's beds not [being] sanitized properly.

Practice Nurse

- Very, very upset today as both myself and husband who is working at another hospital in another region 6 hours away, are front line medical workers. Kids very scared that we are both going to die! Management have been excellent in getting PPE, but I feel it's been largely up to us if we wear it when dealing with the general public. Feeling very, very torn between my children and my duty to my patients, very, very stressful. Extremely worried about bringing virus home to my children.
- Need to make general public aware of how serious this COVID-19 is and how deadly it is! Proper policing of "lockdown" NO ONE out socialising ! Front line workers need to be protected from public who might see their needs as more important and get aggressive and abusive (this happens now let alone when there is this heightened stress) There needs to be adequate alternative services for counselling/mental health services e.g. phone consultations. This has finished, just no leave at this time. We are stressed. It means washing clothing daily, no scrubs available and no booties or head covers either, so the power bills at work skyrocket from showering before work and after. We want to be compensated with higher rates of pay like hospitals pay – time and half double time and unlimited sick leave during the pandemic.



Frontliners: PPE is rationed or non-existent in ED, midwifery, home-based care

Originally published by the Health Sector Workers Network of Aotearoa,
<https://hswn.org/2020/03/30/frontliners-ppe-is-rationed-or-non-existent-in-ed-midwifery-home-based-care/>

Frontliners in healthcare are reporting rationing of Personal Protective Equipment despite government reassurances that they are addressing the health sector's needs,³² says a group of rank-and-file workers that make up the Health Sector Workers Network.

Agency workers providing home-based health care may go to several houses in a day to assist clients with personal care, food preparation and giving medication. Many of these clients are vulnerable to Covid-19 due to their age or secondary health conditions, and caregivers risk becoming a vector for the virus if not provided with appropriate PPE.³³

However, the latest Ministry of Health guidelines advise against caregivers wearing masks, even when coming into close contact with those who are self-isolating due to recent travel or exposure to a confirmed case.³⁴ One caregiver reports:

My agency has not provided PPE for some years. Now we can't get any ourselves. Management won't answer any questions about this". Another states that "as we move from house to house we fear transmitting the virus; however management have said we are no more at risk than any flu season. Meanwhile, court and tribunal staff, police, and prison staff³⁵ are provided with masks "if unable to maintain physical distancing"

with any person whether they are a suspected case or not. Social service workers, who will be coming into regular close contact with our homeless and vulnerable populations over the next four weeks, are provided with no protection whatsoever.³⁵

Lead Maternity Carer (LMC) midwives, when required to enter pregnant women's homes, are advised to socially distance and keep the visit under 15 minutes. An LMC says "there is no advice on how we are meant to do this if a woman is giving birth, when we are in their homes and in close contact with them and their birthing partners for up to 16 hours". They have not been provided with any extra PPE or guidelines for keeping safe under Alert Level 4.

A nurse in ED says frontline staff are provided one mask for an eight-hour shift, "but these masks need to be changed every 30 minutes to be effective in controlling infection". There are not enough gowns in wards, hospitals are running out of scrubs, and full PPE is being reserved only for confirmed or suspected positive Covid-19 cases.

³² <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-personal-protective-equipment-essential-workers#ppe>

³³ https://www.newsroom.co.nz/2020/03/28/1104570/new-ppe-plan-leaves-community-care-workers-without-masks?fbclid=IwAR2mp6LVD-L2bp38ZFcYIOzcYOjsua0HJS_hf4I8T3cxbWiRlhPhHEcSzg

³⁴ https://www.health.govt.nz/system/files/documents/pages/hp7353_-_ppe_ipc_poster_community_care_providers_v3-28mar20_0.pdf

³⁵ https://www.health.govt.nz/system/files/documents/pages/hp7353-ppe-ipc-poster-nonessential-final-28mar2020-v2_0.pdf

For people in **self-isolation** due to recent travel or contact with someone with confirmed, probable or suspected COVID-19; standard precautions still apply.

Ask the patient to wear a mask, if possible, when providing cares

	Hand Hygiene *	Surgical Mask	N95/P2 Mask	Eye Protection*	Gloves	Fluid Resistant Gown or Plastic apron
Providing care not involving contact with body fluids or oral mucosa	✓	✗	✗	✗	✗	✗
Providing cares that will have contact with blood, body fluids, secretions, excretions, touching oral mucosa, or medication assistance	✓	✗	✗	✗	✓	✓

Personal protective equipment (PPE) used by community care providers for prevention of COVID-19. Includes aged residential care, aged-related community care, disability, hospice, and homecare.

This is in stark contrast to the PM's message for all in New Zealand to "act like you have Covid-19".³⁶

Some district nurses and general practice health professionals are reporting that, although they have stocks of PPE at their workplaces, these are being withheld by managers for "when we will need them over the coming weeks when cases increase". They are being rationed the appropriate PPE because nobody knows when – or if – they will be getting more.

Evidence from Hubei, Spain and Italy suggests that healthcare workers without proper PPE and training are becoming significant community vectors for Covid-19. Healthcare workers make up 14.74% of confirmed cases in Spain, and 9% in Italy.³⁷ So far 11 nurses have died due to Covid-19 worldwide and two nurses in Italy who tested positive have committed suicide.³⁸

Amid severe anxiety of bringing the virus home to at-risk family members, health workers call for the Government and DHB's to "provide health care workers who are caring for a confirmed Covid-19 patient with paid accommodation to help to contain the spread.

There are many nurses out there for whom it is impossible to isolate from family members within one household."

It is clear the MOH is acting in haste to create PPE guidelines informed by a global shortage of PPE during the pandemic, rather than following best practice and precautionary infection control recommendations.³⁹ The result is inconsistent advice causing confusion and panic among health workers, and putting our most vulnerable people at unnecessary risk.

Health Sector Workers Network is a network of rank and file workers interested in building self-activity and solidarity across the health sector and beyond. We have been collecting anonymous stories from essential workers during the Covid-19 crisis that have been used to create the content of this article. To find out more visit them on Facebook (<https://www.facebook.com/HSWNAotearoa/>) or at hswn.org.

³⁶ <https://www.theguardian.com/world/2020/mar/25/ardern-urges-new-zealanders-to-act-like-you-have-covid-19-as-lockdown-ooms>

³⁷ <https://theconversation.com/supplies-needed-for-coronavirus-healthcare-workers-89-million-masks-30-million-gowns-2-9-million-litres-of-hand-sanitiser-a-month-134786>

³⁸ <https://morningstaronline.co.uk/article/w/nurse-commits-suicide-italy-due-trauma-working-frontline-coronavirus-pandemic>

³⁹ https://www.rnz.co.nz/news/national/412835/nurses-need-better-provisions-during-covid-19-coronavirus-crisis-union-says?fbclid=IwAR2aDLg4lqDRleb9mJEQN0xHzr0NeAjX7KnLn4MNPCOEH-25hasP_MFnUfs

Group	Mask	Gloves	Eye Protection*	Long sleeve gown
Accommodation Camp grounds	✗	✓ Use for cleaning	✗	✗
Border: Customs, Maritime pilots, Stevedores	✓ If not able to maintain physical distancing	Follow usual health and safety aspect of job and wear what is 'business as usual'	✗	✗
Building and Construction Plumbers, builders and electrician		Follow usual health and safety aspect of job and wear what is 'business as usual'		✗
Courts, tribunal workers	✓ If not able to maintain physical distancing	✓ If having physical contact with person and a risk of contact with body fluids		✗
Fast moving consumer goods, Delivery drivers (all goods including courier service)	✗	✗	✗	✗
Supermarket staff	✗	Staff may wish to wear for reassurance	✗	✗
Financial services – personnel/ customer facing	✗	✗	✗	✗
Local and National government Staff involved in COVID-19 response office based	✗	✗	✗	✗
Primary Industries. Food production, processing food,		Follow usual health and safety aspect of job and wear what is 'business as usual'		
Primary Industries. Animal welfare staff and veterinarians		Follow usual health and safety aspect of job and wear what is 'business as usual'		
Police, Fire -in first responder role, Prison staff, Court staff,	✓ If not able to maintain physical distancing	✓ If having physical contact with person and a risk of contact with body fluids		✗
Public safety and National security, Ministry of Defence, Ministry of Justice	✓ If not able to maintain physical distancing	✗	✗	✗
Social Services	✗	✗	✗	✗
Utilities and communications, including supply chain	✗ However if your usual standard operating procedure or Health & Safety guidance requires you to wear, then continue to follow that guidance		Follow usual health and safety aspect of job and wear what is 'business as usual'	

Personal Protective Equipment (PPE) requirement for essential non-health workers – COVID-19.

\$500 million for health, but where will the staff come from?

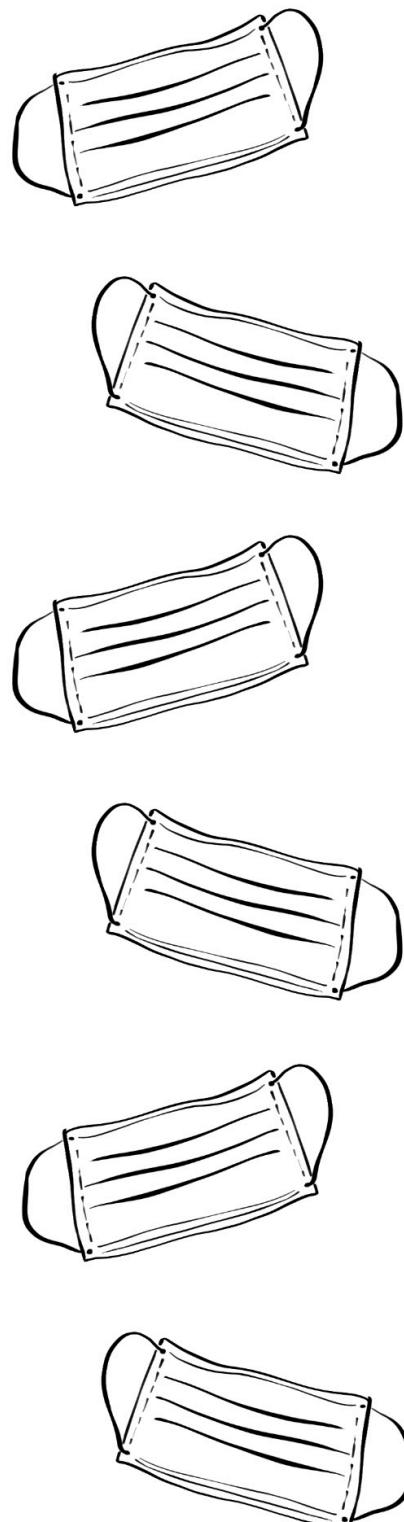
Originally published by the Health Sector Workers Network of Aotearoa,
<https://hswn.org/2020/03/18/500-million-for-health-but-where-will-the-staff-come-from/>

“The government has announced a \$500 million increase in health spending to combat the Coronavirus. Part of this money is earmarked for increasing the number of ICU beds. The govt. has stated that operating theatres can be turned into ICU spaces and to a degree this is correct. What the government has forgotten, or more specifically not even thought about, is where the extra specialist nurses are to come from. You see not just any nurse can be an ICU nurse. I’m a theatre nurse. I can make a theatre anaesthetic machine work. An anaesthetic machine is what the government is saying can be used to turn an operating theatre into an ICU.

Unfortunately, despite the fact that I know how to use and adjust an anaesthetic machine and that I work in an operating theatre, that doesn’t make me an ICU nurse. ICU nurses don’t grow on trees. It takes a long time to train them and significant investment. Unfortunately, we have a nationwide shortage of ICU nurses as is true of other specialist nurses. Had this government listened to nurses in 2018 this situation might have been improving.

Unfortunately, they decided to apply a Band-Aid. We will get through this, to an extent by the skin of our teeth. The goodwill, dedication and determination of all healthcare workers will be tested in this crisis, but we will rise to it. Some of those workers may lose their lives as they work to save others as they have around the world. This needs to be remembered, these healthcare workers celebrated for their sacrifice. But more importantly, the government needs to invest in the future of nursing so that those who left to better wages and conditions in Australia and other places return and that more of our young people choose the profession.”

- *Anonymous.*



United States: Horrific months ahead as COVID-19 rages

By BARRY SHEPPARD. Originally published in *Green Left Weekly*, 18 November 2020.

The accelerating upsurge in COVID-19 infections in the United States has reached more than 170,000 a day, well above last summer's peak of 63,000 a day.

Infections surged to a one-day record of 184,000 on November 13. In one week, the number of cases since the pandemic began went from 10 million to 11 million.

Texas and California have each passed more than 1 million total cases.

For the first time all areas of the US are affected.

This new wave is growing fast and shows no indication of slowing down.

Hospitalisations, which lag behind cases, have reached 70,000, ten thousand more than in the summer peak.

Deaths are now at 1400 a day. This is less than the daily rate of 2200 reached in March-April, due to medical workers and drug companies learning from experience how to better care for hospitalised patients. However, deaths are expected to reach new highs, as hospitalisations soar.

According to the *New York Times*, in El Paso, Texas "there have been so many deaths in recent days that the county medical examiner parked five mobile morgue units — the size of trucks — outside its doors."

Experts foresee a "horrifying" toll in coming months, according to the *NYT*. Hospitals are reaching capacity in some regions. Even the best medicines and techniques lose their

usefulness if too many people get sick at the same time, taxing staffing and supplies.

"When you've overwhelmed the health care system, nobody is going to get optimal care," Dr Jessica Justman, an epidemiologist at Columbia University, told the *NYT*.

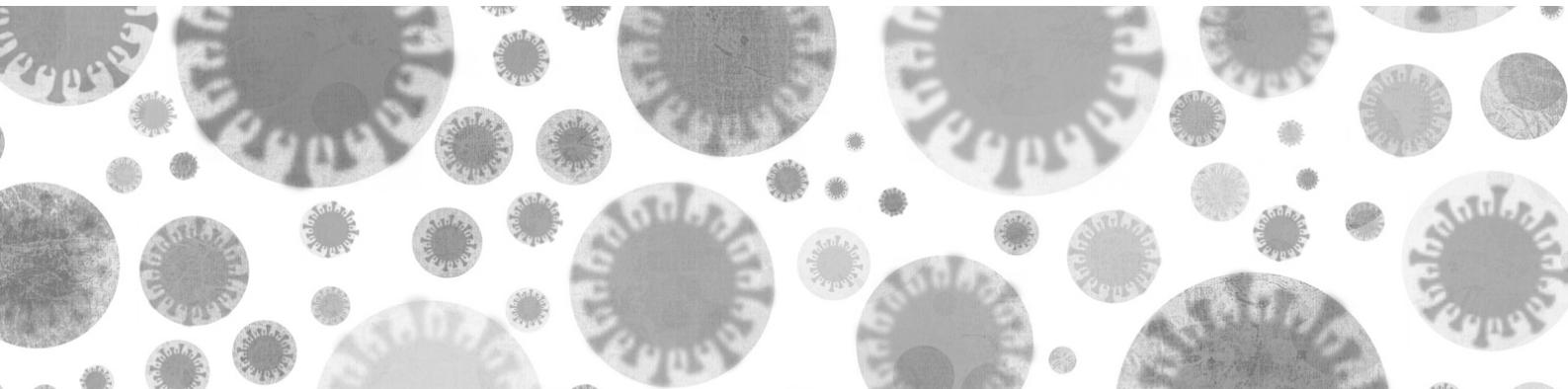
A new survey by National Nurses United found that hospitals are still failing to provide adequate personal protective equipment and workplace protections.

Nurses say hospitals are unprepared for the surge to worsen during the flu season. Nurses also report mental health struggles from the stress of dealing with so many patients, and the danger of becoming infected, according to *Democracy Now!*.

One cause of this new upsurge was the relaxation of restrictions on social distancing, using masks when in public places, and large public gatherings. This was exacerbated by Donald Trump's refusal to advocate these policies, resulting in Republican-led states and local governments ignoring them. Most of his tens of millions of followers did the same.

There are reports of some patients — Trump believers — dying of COVID-19 in hospitals, while refusing to believe that the virus was killing them, angrily saying to doctors and nurses that there is no such virus.

Now, many states, but not all, are re-imposing restrictions on businesses where people congregate. There may have to be new lockdowns. But, unless enough of the states, local governments and the population comply,



the new upsurge will not begin to be brought down.

In the best of cases, that will take months.

New vaccines, based on technology using the virus's genetic RNA, report encouraging initial findings from mass testing, with more than 90% effectiveness.

They still have to be assessed for safety, before they can be certified. When they are, a small amount will be used first on medical personnel and vulnerable populations, on an emergency basis, the Trump administration says.

However, this projection faces many hurdles, and the task of inoculating the whole population faces even more.

Assuming the vaccine can be deployed for emergency use by year's end, compared to the billions the Trump administration has showered on drug companies, "the logistics of inoculating and tracking as many as 20 million people by year's end — and many tens of millions more next year" have been largely left to local governments without adequate funds, according to officials and health experts who spoke to the *NYT*.

"Public health departments, already strained by a pandemic that has overrun hospitals and drained budgets are racing to track and share information about who has been vaccinated; to recruit and train thousands of doctors, nurses and pharmacists to give people the shot and collect data about everyone who gets it; to find safe locations for mass vaccination events; and to convince the public the importance of getting immunised," said the *NYT*.

According to the *NYT*, "the federal Centers for Disease Control and Prevention (CDC) have sent \$200 million to the states for the effort, with another \$140 million promised in December, but state and local officials said that was billions of dollars short of what would

be needed to carry out their complex plans." Estimates are that \$6–8 billion will be needed.

There are myriad other costs, including paying for secure convoys to transport the vaccine within states.

There are many companies involved, including makers of syringes and other medical equipment, all of which have to be coordinated.

Moreover, the first vaccine developed by Pfizer, which the administration has already paid billions to manufacture, requires two shots, weeks apart, meaning additional records and follow-up.

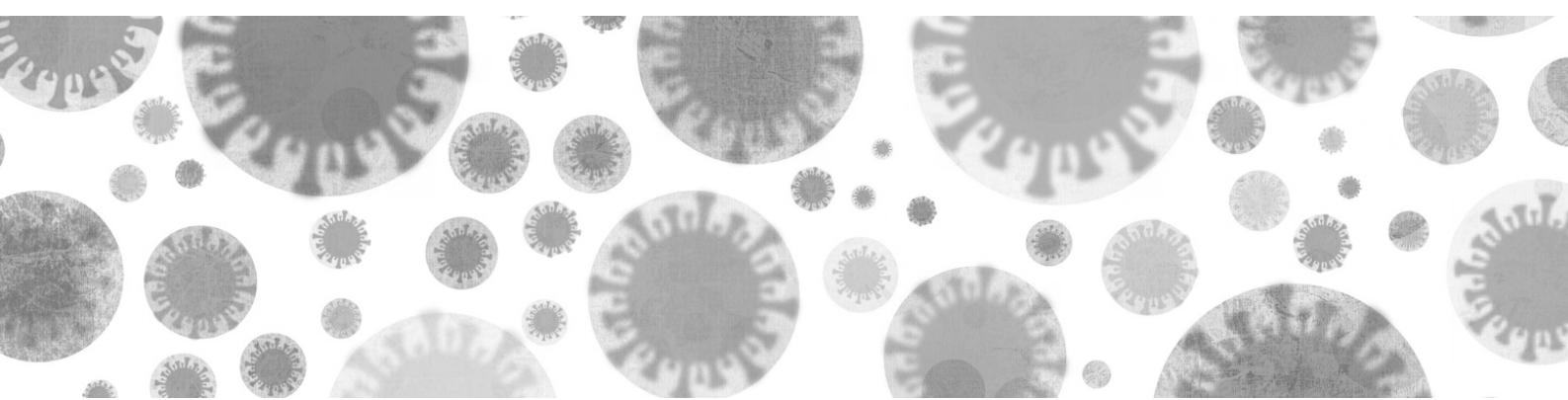
Moreover, this vaccine needs to be kept at -75°C, a logistical difficulty in itself. Another vaccine developed by Moderna can be kept at -20°C, so would not face that hurdle, but which vaccine will be deployed has not been announced.

The billions necessary to carry out the first emergency use will not likely be allocated by December, given Republican opposition in the Congress.

It will take many months, at least to the end of next year, for a vast program of vaccinations of the entire US population — the largest, by far, in US history.

It also is not known how long a vaccination will remain effective. Will it be like the flu vaccination — six months — requiring another mass vaccination then? The flu season only lasts from autumn to spring. COVID-19 is infectious year-round.

So a vaccine will not be a silver bullet, obviating the need for implementing what we know works: masks, social distancing and no large gatherings.



About Fightback (Aotearoa/Australasia)

Fightback is a trans-Tasman socialist media project with a magazine, a website, and other platforms. We believe that a structural analysis is vital in the task of winning a world of equality and plenty for all. Capitalism, our current socio-economic system, is not only exploiting people and planet – but is designed to operate this way. Therefore we advocate a total break with the current system to be replaced by one designed and run collectively based on principles of freedom, mutual aid, and social need.

Fightback is a trans-Tasman organization, operating in Aotearoa and Australia. In the modern era of free movement across the Tasman, 'Australasia' is becoming a reality in a way it has not been since the 19th century. So many New Zealanders (tauiwi as well as tangata whenua) now live and work in Australia – and decisions made in one country increasingly impact the other, as the inter-governmental controversy surrounding the Manus Island detention camp shows.

We wish to engage socialists from both sides of the Tasman – in particular, socialists from Aotearoa living and working in Australia – to continue the lines of analysis and directions of organization which we have been pursuing. Beyond the dogmas of 'sect Marxism'; beyond national boundaries; towards a genuinely decolonised, democratic, feminist and queer-friendly anti-capitalism.

We recognise that capitalism was imposed in Aotearoa and Australia through colonisation. While we draw substantially on European whakapapa and intellectual traditions, we seek to break the unity of the European colonial project, in favour of collective self-determination and partnership between tangata whenua and tauiwi. We recognise that this must be a learning process.

While we draw inspiration and lessons from history, theoretical agreement on past revolutions is not the basis for our unity. Rather, we unify around a common programme for transformation here and now.

Fightback's Ten-Point Programme

Fightback stands for the following core programme, and for building institutions of grassroots power in the working class and oppressed groups to bring them about:

- 1) Constitutional transformation based on indigenous self-determination and workers power. Indigenous and worker co-ops to operate as guardians over public resources.
- 2) Secure, appropriate and meaningful work for those who want it, with a shorter working week. The benefit system to be supplemented with a Universal Basic Income, removal of punitive sanctions.
- 3) International working-class solidarity. Close the Detention Centres. Open borders to Australia and Aotearoa, full rights for migrant workers. Recognise Pasefika rights to self-determination, Australia and Aotearoa to contribute to a 'no-strings' development fund for Pacific nations. Opposition to all imperialist ventures and alliances; neither Washington nor Moscow.
- 4) No revolution without women's liberation. Full funding for appropriate, community-driven abuse prevention and survivor support, free access to all reproductive technologies, public responsibility for childcare and other reproductive work. The right to full, safe expression of sexuality and gender identity.
- 5) An ecosocialist solution to climate change. End fossil fuel extraction, expand green technology and public transport, and radically restructure industrial food production.
- 6) Freedom of information. End corporate copyright policies in favour of creative commons. Public support for all media technologies, expansion of affordable broadband internet to the whole country. An end to government spying.
- 7) Abolish prisons, replace with restorative justice and rehabilitation.
- 8) Universal right to housing. Expansion of high-density, high-quality public housing, strict price controls on privately owned houses. Targeted support to end involuntary homelessness.
- 9) Fully-funded healthcare at every level. Move towards health system based on informed consent, remove inequities in accident compensation, opposition to "top-down" efforts to change working people's behaviour.
- 10) Fully-funded education at every level, run by staff and students. Funding for all forms of education and research, enshrining indigenous knowledge as a core part of the curriculum.

For an expanded discussion of this programme, please see the pamphlet *What Is Fightback?*

Also available from

Fightback

Struggle, Solidarity, Socialism

Pamphlets



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